

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

10/005,137

(Column 1)			(Column 2)		(Column 3)		
AMENDMENT	<i>6/7/07</i>	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
	Total	* 27	Minus	** 27	=		
	Independent	* 5	Minus	*** 5	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>							
						RATE ADDITIONAL FEE	RATE ADDITIONAL FEE
						X\$ 25= <input type="checkbox"/> OR X\$50= <input type="checkbox"/>	X\$ 25= <input type="checkbox"/> OR X\$50= <input type="checkbox"/>
						X100= <input type="checkbox"/> OR X200= <input type="checkbox"/>	X100= <input type="checkbox"/> OR X200= <input type="checkbox"/>
						+180= <input type="checkbox"/> OR +360= <input type="checkbox"/>	+180= <input type="checkbox"/> OR +360= <input type="checkbox"/>
						TOTAL ADDIT. FEE <input type="checkbox"/> OR TOTAL ADDIT. FEE <input type="checkbox"/>	TOTAL ADDIT. FEE <input type="checkbox"/>
(Column 1)			(Column 2)		(Column 3)		
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
	Total	*	Minus	**	=		
	Independent	*	Minus	***	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>							
						RATE ADDITIONAL FEE	RATE ADDITIONAL FEE
						X\$ 25= <input type="checkbox"/> OR X\$50= <input type="checkbox"/>	X\$ 25= <input type="checkbox"/> OR X\$50= <input type="checkbox"/>
						X100= <input type="checkbox"/> OR X200= <input type="checkbox"/>	X100= <input type="checkbox"/> OR X200= <input type="checkbox"/>
						+180= <input type="checkbox"/> OR +360= <input type="checkbox"/>	+180= <input type="checkbox"/> OR +360= <input type="checkbox"/>
						TOTAL ADDIT. FEE <input type="checkbox"/> OR TOTAL ADDIT. FEE <input type="checkbox"/>	TOTAL ADDIT. FEE <input type="checkbox"/>
(Column 1)			(Column 2)		(Column 3)		
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
	Total	*	Minus	**	=		
	Independent	*	Minus	***	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>							
						RATE ADDITIONAL FEE	RATE ADDITIONAL FEE
						X\$ 25= <input type="checkbox"/> OR X\$50= <input type="checkbox"/>	X\$ 25= <input type="checkbox"/> OR X\$50= <input type="checkbox"/>
						X100= <input type="checkbox"/> OR X200= <input type="checkbox"/>	X100= <input type="checkbox"/> OR X200= <input type="checkbox"/>
						+180= <input type="checkbox"/> OR +360= <input type="checkbox"/>	+180= <input type="checkbox"/> OR +360= <input type="checkbox"/>
						TOTAL ADDIT. FEE <input type="checkbox"/> OR TOTAL ADDIT. FEE <input type="checkbox"/>	TOTAL ADDIT. FEE <input type="checkbox"/>